

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

45th 01/14/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/30/2012
NAME OF PROVIDER OR SUPPLIER  SODDY-DAISY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 241 SS=C	<p>The Annual Recertification Survey was completed on November 26 to November 29, 2012.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to maintain the dignity of twenty-two residents of thirty-eight residents observed in two dining rooms.</p> <p>The findings included:</p> <p>Observation of the main dining room, on November 26, 2012 at 12:05 p.m., revealed staff applying cloth bibs/clothing protectors to twenty residents without asking the residents before applying the bib.</p> <p>Interview with Certified Nursing Assistant (CNA) #1, on November 26, 2012, at 12:05 p.m. confirmed the residents were not asked prior to applying the bibs.</p> <p>Observations of the restorative dining room, on November 26, 2012, at 11:57 a.m., revealed two residents were not asked before having cloth bibs/clothing protectors applied by staff.</p>	F 241	<p>This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding.</p>		
				12-28-12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

NHA

12-13-12

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			F241  1. No resident was identified. 2. Resident Interviews were completed on 100% of alert and oriented residents that attend meals in Dining Areas for concerns with use of clothing protectors with no negative findings reported on November 30, 2012 by the Director of Nursing, Assistant Director of Nursing, Medical Records Director, Unit Manager, Supervisor, and / or Quality Assurance Director. 3. All licensed nurses and Certified Nursing Assistants were educated by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Supervisor, and / or Quality Assurance Nurse on dignity and resident choice regarding the use of clothing protectors prior to meal time initiated on November 28, 2012 and completed on November 30, 2012.		
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			4. Audit of each Dining Area will be conducted every meal for one week, then one meal time daily three times weekly for three weeks, then random meal times weekly for 2 months and / or until 100% compliant by the Unit Manager, Supervisor, Director of Nursing, Assistant Director of Nursing, Quality Assurance Director, Medical Records Coordinator, and / or the MDS Coordinator. All findings will be reviewed and reported in the Quality Assurance Performance Improvement Committee meeting for three months and / or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the		
			Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records, and Environmental Department		
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F 241	Continued From page 1 Interview with the Administrator, in the conference room, on November 28, 2012 at 11:10 a.m., revealed the facility did not have a written policy regarding the use of clothing protectors, but the facility practice was for staff to ask the resident if they wanted a clothing protector prior to applying the protector.	F 241			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and medical record review, the facility failed to monitor for expiration dates for the administration of tube feeding products for one resident (#88), of seventy six residents reviewed.  The findings included:  Resident #88 was admitted to the facility on August 17, 2010, with diagnoses of Cancer, Anemia, Atrial Fibrillation, Coronary Artery Disease, Congestive Heart Failure, Hypertension, Gastro Esophageal Reflux Disease, Diabetes Mellitus, and End Stage Renal Disease.  Medical record review of the physician's orders	F 322	1. Resident # 88's tube feeding was discarded and a new bottle of feeding was started on November 29, 2012 by the Unit Manager. The resident was assessed by the Physician on November 30, 2012. Resident #88 did not experience any changes with Gastrointestinal status or negative outcome. 2. Residents receiving enteral nutrition feeding have the potential to be affected. A 100% audit was conducted on November 29, 2012 of all residents receiving enteral feeding and expiration dates were verified by the Director of Nursing and Assistant Director of Nursing. 3. All licensed Nurses were in-serviced on Enteral Nutrition and expiration dates including verification prior to administration of tube feeding by the Director of Nursing, Assistant Director of nursing, Unit Manager, Supervisor, and / or Quality Assurance Nurses initiated on November 29, 2012 and completed on November 30, 2012..		

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F 322	Continued From page 2 dated October 4, 2012, revealed "Glucerna (nutritional tube feeding product) 1.5... 60 cc/hr. via pump - may disconnect for personal care and showers. Flush tube with 250 cc H2O Q 6 hrs. via pump."  Observation on November 29, 2012 in the resident's room at 12:05 p.m., revealed the Glucerna tube feeding had been hung on November 28, 2012 at 11:55 p.m., and the manufacturer's expiration date on the bottle stated "use before Nov. 1, 2012".  Interview with Licensed Practical Nurse (LPN) #1 on November 29, 2012, at 12:10 p.m. in the resident's room, confirmed the tube feeding was expired and was not to be used after the expiration date of November 1, 2012.	F 322	4. An audit will be completed by the Licensed Nurse on each new enteral feeding administration with expiration date verified by second licensed nurse for three months and / or until 100% compliant. An audit will be completed daily for one month, then three times weekly for two months and / or until 100% compliant on 100% of residents receiving enteral feeding by the Supervisor, Unit Manager, Director of Nursing, and / or Assistant Director of Nursing for verification of formula being administered and expiration date. All findings will be reviewed and reported in the Quality Assurance Performance Improvement Committee meeting for three months and / or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy	F 425	of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records, and Environmental Department		

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F 425	Continued From page 3 services in the facility.  This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility guidelines, observation and interview the facility failed to dispose of expired nutritional tube feeding products, making expired tube feedings available for administration for residents with Percutaneous Endoscopic Gastrostomy (PEG) tube feedings and failed to avoid the use of unapproved abbreviations on the Medication Administration Record (MAR) for one resident (#59) of seventy-six residents reviewed.  The findings included:  Observation of the clean utility room on November 29, 2012, at 11:40 a.m., with Licensed Practical Nurse (LPN) #2, revealed eleven cans of Jevity (tube feeding product) 1.5 calorie with expiration dates of April 1, 2012 and one can of Jevity 1.5 calorie with an expiration date of November 1, 2012 and four one liter bottles of Glucerna (tube feeding product) 1.5 calorie with expiration dates of November 1, 2012.  Interview with LPN #2 on November 29, 2012 at 11:40 a.m., in the clean utility room, confirmed the tube feeding products were expired and available for resident use.  Review of the medical record for resident #59	F 425	1a. The expired enteral feeding was immediately discarded from the clean utility room on November 29, 2012 by the Unit Manager. 1b. Resident # 59 received a corrected Medication Administration record by the Director of Nursing and / or Assistant Director of Nursing on December 1, 2012. The Director of Nursing spoke to Pharmacy provider on November, 30, 2012 regarding the use of "units" for dosing of medication.  2a. An audit was completed on November 29, 2012 of 100% clean utility rooms by the Director of Nursing and Assistant Director of Nursing and no other expired enteral feeding was identified. 2b. Residents receiving medication with "units" for dosing have the potential to be affected, therefore Pharmacy completed an audit on all residents receiving insulin with changes to include "unit" for dosing on November 30, 2012 for monthly changeover of Medication Administration Records. The Consultant Pharmacist completed an audit of 100% of residents on December 3, 2012 for use of "u" in any medication dosage order. An audit was completed of 100% of residents Medication		

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F 425	Continued From page 4 revealed the use of "u" for units on the MAR for the period November 1, 2012 to November 30, 2012.  Review of facility guidelines titled Abbreviations to Avoid, revealed "u" was an unapproved abbreviation.  Interview with the Director of Nursing (DON) on November 29, 2012 at 2:35 p.m., in the front office, confirmed units were not to be abbreviated and were to be written out.  Phone interview with the pharmacy consultant on November 29, 2012 at 3:15 p.m., in the front office, confirmed units were not to be abbreviated on the MAR's and the MAR'S had not checked on the monthly medication reviews.	F 425	Administration record for the use of abbreviations to avoid by the Director of Nursing, Unit Manager, and / or the Assistant Director of Nursing initiated on December 3, 2012 and completed on December 11, 2012. 3a. All licensed nurses were in- served on Enteral nutrition and expiration dates including verification prior to administration by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Supervisor, and / or Quality Assurance Nurse initiated on November 29, 2012 and completed on November 30, 2012. The Central Supply clerk was in- served by the Administrator on December 6, 2012 regarding procedure for stock rotation, verification of expiration dates, and discarding of outdated supplies. 3b. All licensed nurses were educated on the Abbreviations to avoid guideline by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Supervisor, and / or Quality Assurance Nurse initiated on November 29, 2012 and completed on November 30, 2012.		

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			4a. An audit will be completed on all enteral feeding upon delivery weekly for 4 weeks, then monthly for two months and / or until 100% compliant by the Central Supply Clerk, Director of Nursing, and / or Assistant Director of Nursing. An audit will be conducted three times weekly of the clean utility room for expiration dates on enteral feeding three times weekly for one month, then weekly for two months and / or until 100% compliant by the Central Supply Clerk, Director of Nursing, Assistant Director of Nursing, Unit Manager, and / or Supervisor. All findings will be reviewed and reported in the Quality Assurance Performance Improvement Committee meeting for three months and / or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business		
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			Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records, and Environmental Department. 4b. An audit will be completed five days a week in the morning meeting of all new orders received for appropriate use of units daily for one month, then three times weekly for two months and / or until 100% compliant by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Supervisor, and / or Quality Assurance Nurse. All findings will be reviewed and reported in the Quality Assurance Performance Improvement Committee meeting for three months and / or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records, and Environmental Department		

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